

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522319

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		2		1			
4				1			
5				1			
6				1			
7				1			
8				1			
9				1			
10				1			
11				1			
12		1		1			
13		1		1			
14		1		1			
15		1		1			
16	1		1				
17	1		1				
18	1		1				
19	1		1	1			
20	1		1	1			
21				1			
22				1			
23				1			
24				1			
25				1			
26				1			
27				1			
28				1			
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36				1			
37				1			
38				1			
39				1			
40				1			
41				1			
42				1			
43				1			
44				1			
45				1			
46				1			
47				1			
48				1			
49				1			
50				1			
TOTAL IND.	1		1	1			
TOTAL DEP.	37	↑	40	↑			
TOTAL CLAIMS	38	[REDACTED]	41	[REDACTED]			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
55							
56							
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92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.		↑		↑			
TOTAL CLAIMS		[REDACTED]		[REDACTED]			